

The State of Victim Services Research

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- Definitional issues on victims and victim services
 - Who is a victim?
 - Must victimization involve a violation of criminal law?
 - Psychological abuse?
 - Legislative definitions of a crime victim serve as the gatekeeper to rights and services provisions
 - Which types of victims to study?
 - To date, mainly DV and sexual assault has been the focus

- What counts as a victim service?
 - Formal versus informal services
 - System-based (justice, health, mental health)
 - Community-based services.
 - Faith-based services.
 - Services provided by agencies/groups whose:
 - Principle function is to serve crime victims
 - Main function is something else and victim services is a small piece of what they do

What are the needs of victims?

Research suggest the following areas of need:

- Emotional support/listening
- Safety services
- Professional therapy
- Criminal justice advocacy
- Individual needs assessments/service planning
- Getting case information, understanding case handling, and going to criminal justice or doctor appointments (Brickman et al., 2002; Newmark et al., 2003).

Few victims use formal victim services many rely on personal networks (1)

- From studies in the 1970s, 80s and 90s few crime victims use formal victim services (Davis & Henley, 1990).
- Based on 1993 to 2009 NCVS data, only 9% of victims used services provided by government or privately funded victim service providers (VSPs) (Langton, 2011).
- Victims have multiple needs but only a small % receive help from VSPs (New & Berliner, 2000; Sims et al., 2005).

Few victims use formal victim services many rely on personal networks (2)

- Many victims do not seek services because they are unaware of them (Sims et al., 2005).
- Many victims reported relying on personal networks for assistance

Few victims use formal victim services many rely on personal networks (3)

- In a general population study, Norris et al. (1990):
 - Only 12% of crime victims contacted mental health professionals w/in 3 months of the crime.
 - However, violent crime victims who were repeat victims, and those with depression more likely to seek treatment.
 - 50% of sexual assault victims, 22% of physical assault victims, 16% of homicide survivors, 14% of burglary victims, and 4% of robbery victims use victim services

Few victims use formal victim services many rely on personal networks (4)

- A somewhat higher use of victim services is reported in crime victims who have involvement in the criminal justice system (Freedy et al., 1994).
- Even crime victims w/ psychological symptoms are reluctant/delay treatment (Schwarz & Kowalski, 1992).
- Female crime victims showed an increased use of medical services in the year following the crime (Kimerling & Calhoun, 1994; Koss et al., 1991)

Who receives victim services?

- NCVS suggests - Most likely to be female, victims of serious violent crimes, and to have reported the crime to the police (Langton, 2011).
- Based on NCVS data, reporting to the police increased the odds of seeking services by 3 times (Zaykowski, 2014). However, we still need to uncover mechanism of police involvement in linking victims to services
- Victims living in rural areas were *more likely* to receive services than victims living in urban areas.

Underserved victims

- Young men of color- most likely to be victimized by violent crime but few receive services
- Few services for:
 - Non-DV (domestic violence) and non-sexual assault victims
 - Lesbian, gay, bisexual, transgender, and queer (LGBTQ) victims
- Victims in various racial/ethnic minority groups, and those with barriers to receiving services, such as mental health or substance abuse issues.

What services are provided by
informal sources to victims?
Congruence with victim needs?



Need to know more about the...

- Number of victims who get informal help by crime type & their characteristics
- Types of help provided
- Extent help/aid affects the recovery process.
- Helpers and how providing aid to victims affects them emotionally and financially.

Services provided by VSPs and congruence with the needs of victims?

- Victims who do reach VSPs often have multiple needs addressed (Burt et al., 2000; Smith et al., 2000).
- For example, DV victims at shelters - also likely to receive individual/group counseling, legal services, case management, child care, life/career skills, transportation, medical care, financial assistance (Grossman et al., 2010).

- Back in 1990, Davis & Henley noted a **mismatch** for kinds of assistance offered by VSPs and the needs of victims
 - Most prevalent needs of victims are practical in nature (e.g., better locks)
 - However, these are the services least likely to be offered by VSPs .

VSPs and congruence with victim needs (Cont'd-3)

- Still to this day, little data on efficacy of VSP programs on victims and whether services match their needs.
- Theoretically important variables are often unmeasured (economic/emotional dependence, social and cultural factors) and this holds back research on predictors of reporting behavior.

Predictors/barriers to help-seeking and service use by victims

McCart et al., 2010, using Andersen's (1995) model, reviewed 3 main determinants of help-seeking:

- Predisposing characteristics - individual-level factors (e.g., age, gender, ethnicity, education, socioeco, marital status) influencing help seeking.
- Enabling resources - factors at the individual and community level that can either facilitate or impede service use (e.g., insurance coverage, transportation, social support, service awareness).
- Needs - individual's subjective perception of need or an evaluative need provided by a professional.

- Typical evaluation designs for VSP research:
 - Data collected at a single point in time
 - Small, nonrandom samples of victims
 - Little to no means of comparing served victims to non-served victims, or victims' situations before and after receipt of services (Zweig, 2013)
 - As of 1985, few evaluations and not until ~ 2001 did VSP funders start requiring evals
 - Few RCTs and quasi-experiments.

Do victim services improve outcomes for victims?

- Research on whether VSP programs improve outcomes for victims is generally inconclusive and mixed for a variety of victim service outcomes (see handout) such as:
 - Victim safety
 - Psychological well-being
 - Victim satisfaction with provided services
- Some promising work in coordinated community responses to violence and therapies for some kinds of child and adult crime victims

Do victim services improve outcomes for victims?

- One of the most researched victim services is second responder programs - home visits by a crisis response team following up on an initial police response to DV.
- A meta-analysis of the best 8 studies (5 RCTs and 3 quasi-experiments) on this intervention was done by Davis, Weisburd, and Taylor in 2008
 - We found a small positive effect for increased police complaints/reports of DV/abuse to police
 - However, we found no effect on actual DV/abuse based on self-reported victim surveys

Optimizing the delivery of victim services

- Little data on how to optimize and structure the delivery of victim services but initial evidence suggests that coordinated services leads to improved victim satisfaction (Zweig & Burt, 2006)
- Recent developments have focused on using tech/communication advances to address barriers
- Some internet-based programs for trauma-exposed victims are promising (Benight et al., 2009), ranging from interactive psycho-educ. modules (Ruggiero et al., 2006) to multiple-week, therapist-assisted txt programs (Lange et al., 2000; Litz et al., 2007).

Cost of Victim Services

- Costs are least studied aspect of victim services, despite victims reporting to the police have access to \$ via Victims of Crime Act (VOCA) of 1984, supported by fines/penalties/forfeited bail bonds
- National survey of mental health staff - crime victims obtaining treatment made up 20–25% of client populations and >\$8 billion in services (Cohen & Miller, 1994)., fatal crime, rape, and child abuse had highest costs.
- Data suggests mental health costs are increasing (e.g., \$8.1 million in 1987 to \$48.1 million in 1991 (National Association of Crime Victims Compensation Boards, 1992)).

Key observations from literature (1)

- Most victims neither report to authorities nor seek needed health care services. Beyond these facts, however, much remains to be learned
- Multiple barriers to reporting/service utilization but we have little data on what victims need to navigate the CJ system to overcome these barriers.
- Most research on victim service usage is based on small samples that are not generalizable, and therefore may not be applicable to other regions (Zaykowski et al. 2014).

Key observations from literature (2)

- In a 2009 review (Stover et al.) that examined 18 intervention studies for victims of IPV, only three of the studies qualified as "rigorous" based on three criteria:
 - Random assignment of participants to a "treatment" group (i.e., individuals receiving the intervention) or a "control" group (i.e., individuals receiving "business as usual")
 - At least 20 cases included in each group
 - An outcome of IPV recidivism

Key observations from literature (3)

- Most of the research with female victims
- Most research on sexual assault and domestic violence victimization
- Need more research on male crime victims and other forms of violent crime (e.g., physical assaults, robberies) to help place our existing knowledge in better context, and might further elucidate predictors of, and barriers to, reporting and help seeking.
- Young men of color- most likely to be victimized by violent crime but few receive services, also fewer services for non-DV and non-sexual assault victims

Key observations from literature (4)

- Today every state has at least some programs available to victims, but we lack “compiled information about the current capacity of service providers, including data on their current funding sources, staff and management expertise and diversity, use of technology, and other indicators of organizational capacity” (National Center for Victims of Crime, 2011, p. 8).
- Overall, we lack a clear picture on the most basic components of VS efforts (how victims come to VSPs, funding, costs of running VSPs, services offered/used, and outcomes for victims using services).

Key observations from literature (5)

- The current BJS national survey on victim service providers addresses many of these concerns through a comprehensive view of what services are being provided to victims, who is being served, and what gaps in service delivery may exist.